

Agency for Health Care Administration

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|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968617</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/14/2022</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HOUSE OF LIGHT SENIOR LIVING II**

**1797 BLAINE ST NE  
PALM BAY, FL 32905**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A re-licensure survey and a generator monitoring was conducted at House of Light Senior Living II Assisted Living Facility on . The provider had deficiencies at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A 000               |                                                                                                                          |                          |
| A 086<br>SS=D            | 59A-36.011(10) FAC Training - ADRD<br><br>(10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.<br>(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between and shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas:<br>1. Understanding 's and related<br>2. Characteristics of ;<br>3. Communicating with residents with 's ;<br>4. Family issues;<br>5. Resident environment; and,<br>6. Ethical issues.<br>(b) Staff who have successfully completed both | A 086               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| A 086                    | <p>Continued From page 1</p> <p>the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility _____ and Related _____ Level I Training.</p> <p>(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " _____ and Related _____ Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. _____ and Related _____ Level II Training must address the following subject areas as they apply to these _____:</p> <ol style="list-style-type: none"> <li>1. Behavior management,</li> <li>2. Assistance with ADLs,</li> <li>3. Activities for residents,</li> <li>4. Stress management for the care giver; and,</li> <li>5. Medical information.</li> </ol> <p>(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with _____'s and Related _____," dated _____, incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.</p> <p>(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing</p> | A 086               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HOUSE OF LIGHT SENIOR LIVING II</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1797 BLAINE ST NE<br/>PALM BAY, FL 32905</b>                                 |  |                                                        |
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| A 086                                                                      | <p>Continued From page 2</p> <p>education for extended congregate care required by subsection (7) of this rule.</p> <p>(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.</p> <p>(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:</p> <ol style="list-style-type: none"> <li>1. Have 1 year teaching experience as an educator of caregivers for persons with _____ or related _____, or</li> <li>2. Three years of practical experience in a program providing care to persons with _____ or related _____, or</li> <li>3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with _____ or related _____.</li> </ol> <p>(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g).</p> <p>This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 1 of 3 sampled</p> | A 086                                                                          |                                                                                                                          |  |                                                        |

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|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 086                    | Continued From page 3<br><br>staff (A) completed the annual 4 hours continued education training in _____'s _____ and Related _____ (ADRD) as required.<br><br>Findings:<br><br>Staff A's personnel record review revealed hire date _____. The 4 hours in Level 1 _____ and Related _____ (ADRD) training completed on _____ and the 4 hours Level 2 ADRD training completed on _____. The last 4 hours update ADRD training was completed on _____. There was no documented evidence that 4 hours update ADRD training completed for 2022.<br><br>On _____ at 11 AM, an interview with Administrator designee confirmed the finding.<br><br>Class III | A 086               |                                                                                                                          |                          |
| CZ813                    | 59A-35.090(3)(c), FAC Results of Screening & Notification In File<br><br>59A-35.090 Background Screening.<br>(3) Results of Screening and Notification.<br>(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview, the facility failed to maintain an updated Background Screening (BGS) Level 2 result notification in the personnel file for 1 of 3 sampled staff (B) as required.              | CZ813               |                                                                                                                          |                          |

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| CZ813                    | <p>Continued From page 4</p> <p>Findings:</p> <p>Staff B's personnel record review revealed a hire date of . The last Level 2 BGS eligibility results notification in the file was dated . . . . which had expired.</p> <p>On at 11:10 AM, reviewed the BGS Clearinghouse website revealing the staff B's new Level 2 BGS eligibility date .</p> <p>On at 11:15 AM, an interview with the Administrator's designee confirmed the finding.</p> <p>Unclassified</p> | CZ813               |                                                                                                                          |                          |